

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # P96000091302 (5)
1. Corporation Name

HEALGRANGE LIMITED, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4150 KINGS STREET 4150 KINGS STREET
COCOA FLORIDA FL 32926 COCOA FLORIDA FL 32926

3. Date Incorporated or Qualified
11/06/1996

4. FEI Number Applied For
59-3410805 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CHHABRA, KRISHAN C
4150 KINGS STREET
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHHABRA, KRISHNAN	1.2 NAME	
STREET ADDRESS	4150 KINGS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FLORIDA FL 32926	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHHABRA, ANJALI	2.2 NAME	
STREET ADDRESS	4150 KINGS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FLORIDA FL 32926	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***550.00 ***550.00

AS
11-16-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED **9/23/98 (407) 632 57 21**

CR2E034 (10/97)

(2)

HEADGRANGE LIMITED INC

The Secretary of state
Division of Corporation
Annual Return Section
409 East Gains St
Tallahassee FL 32399

4150 KING ST
COCOA FL 32926

11/9/98

Dear Mr. Shawn Logan,

Further to our

telephone conversation enclosed please
find Annual Return for 98 relating
to Headgrange Limited Inc (Document
P 96000091302).

Our check # 8 for the sum
of \$550 is enclosed.

Please return our check # 7
dated 9/23/98 for 550.00 (copy enclosed)
as and when you are able to
locate it.

Thanking you
Yours Truly

K C Chhabra

for Headgrange Limited Inc